

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,351.71 for date of service, 02/25/02 and 02/27/02.
- b. The request was received on 05/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Example EOBs from other Carriers
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. HCFA(s)
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Example EOBs from other Carriers
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/20/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/20/02. The respondent did not respond to the additional documentation. Its initial response is reflected in Exhibit II.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Noted on Table of Disputed Services:

“We feel that we are due full and total reimbursements on these listed claims after sending the carrier substantial supporting documents which included a signed prescription from the patients [sic] treating doctor, a Pre-Authorization letter and examples of payments for the billed Equipment. The [sic] carrier has failed to pay our claims according to the original audit/allowance and then drastically [sic] reduced our payment after we resubmitted our claims for reconsideration. We are now requesting full reimbursement on all of the listed (Requestor’s) unpaid claims.”

2. Respondent: Noted on fax cover sheet of the Carrier’s initial response:

“...please note we have paid \$4,417.29 of the amount \$5,769.00 that was billed...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 02/25/02 and 02/27/02.
2. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$5,769.00 for durable medical equipment services provided on the above dates of service.
3. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$4,417.29 for durable medical equipment provided on the above dates of service.
4. The Carrier’s EOBs deny reimbursement as, “257-CHARGE WILL BE REVIEWED WHEN DOCUMENTATION IS SUBMITTED.; 337-PLEASE SUBMIT COPY OF INVOICE AND BILL FOR OUR REVIEW.”; 564-INSUFFICIENT DESCRIPTION/QUANTITY FOR SUPPLY, DRUG, INJ.; N : Not appropriately documented; 379-DURABLE MEDICAL EQUIPMENT-NEW; 559-PROCEDURE/MATERIAL IS IN EXCESS OF REASONABLE ALLOWANCE; F : Fee guideline MAR reduction; M : No MAR”; 646 M CHARGE IN EXCESS OF UNIT VALUE OR REASONABLE ALLOWANCE; 960 N DOCUMENTATION SUBMITTED DOES NOT SUPPORT PROCEDURE CODE BILLED.”
5. Per the Requestor’s Table of Disputed Services, the Requestor is seeking \$1,351.71 for durable medical equipment provided on the above dates in dispute.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/25/02 02/27/02	E0236 NU E0748 NU	\$494.00 \$5000.00	\$417.29 \$4000.00	257, 337 N, 379 F, 559 M 337 N, 646 M	No MAR	MFG GI (VIII) (A); HCPCS descriptor	This modifier is not recognized in the Commission's '96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute. Therefore, no reimbursement is recommended.
02/25/02 02/25/02 02/25/02	E1399 E1399 E1399	\$75.00 \$155.00 \$45.00	\$0.00 \$0.00 \$0.00	257, 337 N, 960 N 257, 337 N 257, 564, N	No MAR	TWCC Act & Rules Sec. 413.011 (d), Rule 133.307 (3) (g) (D) & (E); MFG: General Instructions (III) (A); MFG: Durable Medical Equipment Ground Rule (IX) (C);	The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable. The reimbursement data evidence submitted by the provider proved to be insufficient to meet the criteria of Rule 133.307 (g) (3) (D) which states, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title..." The provider submitted EOBs from other carriers. None of the EOBs submitted identified the disputed HCPCS Code. Also, some of the EOBs are not redacted. The provider did not submit definitive information to identify that the charges reflected on the example EOBs are the same procedures that were billed for date of service in dispute. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. Without identification of the HCPCS codes on the example EOBs submitted, the provider failed to meet the criteria of Rule 133.307 (g) (3) (D) by submitting insufficient documentation to establish that the payments made by the carrier were not fair and reasonable. No additional reimbursement recommended.
Totals		\$5769.00	\$4417.29				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 3rd day of March 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt